

SECTION 16 - CREDENTIALING

PHP's credentialing process enables it to contract with quality health care providers. The credentialing process ensures that Plan Providers are properly trained and qualified and are accessible to Members within the service area. PHP does not make credentialing or re-credentialing decisions based on an applicant's race, ethnic/national identity, gender, age, sexual orientation or the types of services the Plan Provider specializes in.

PHP's credentialing and re-credentialing policies and procedures are reviewed on an annual basis and are subject to change at the discretion of PHP's Peer Review Committee. Any change in legal, regulatory or accreditation requirements will automatically be incorporated in the Plan as of the requirement's effective date. Changes are effective for all new applicants and existing Providers from the effective date of the change.

Providers Subject To Credentialing

PHP and/or its delegated credentialing entity credentials physicians (MDs and DOs), podiatrists, ODs, dentists, clinical psychologists, MSWs, chiropractors and other licensed independent providers who treat Members outside the inpatient setting and who fall within PHP's scope of authority and action. Any provider who disaffiliates with the network (voluntarily or through termination) is subject to credentialing if they apply to re-affiliate.

Providers Excluded from the Credentialing Process

Not all Plan Providers are subject to be credentialed. Those who are not include:

- Non-traditional practitioners who are included in the Provider Network and who are not, by virtue of the service provided, required to be Medicare or Medicaid certified
- Health care professionals who are permitted to furnish services only under the direct supervision of another practitioner, including but not limited to students, residents or fellows
- Hospital-based health care professionals who provide services to enrolled Members are also excluded unless those health care professionals are separately identified in the Program's literature as available to the Members

Credentialing Process

All applicants are required to complete PHP's Provider Credential Information Form (attached as Appendix 3). The Provider Credential Information Form is a signed attestation from the applicant that indicates that the information provided is complete and correct.

For physicians and other licensed healthcare professionals (e.g., Members of physician groups) the process verifies current eligibility to participate in the Medicare and Wisconsin Medicaid programs. PHP achieves this by searching the State of Wisconsin's Department of Regulation and License Lookup and the HHS Office of Inspector General online database of excluded individuals and entities. For other care workers (e.g., personal care workers and specialized

transportation providers) the process includes verification of completion of any education or skills training necessary to provide specific services and a criminal background check.

PHP and/or its delegated credentialing entity will notify the applicant by telephone or follow up in writing and allow the applicant to review and correct potential primary source verified erroneous information, if they become aware of misrepresented, misstated or omitted relevant or material facts on the application, disclosure statements or other documentation.

The credentialing process is to be completed within 90 days of the date the applicant signed the form. If the process exceeds 90 days, the Provider Relations Division, or its delegated entity will return the application to the applicant. The applicant may complete a new form or resubmit the form with a signature attesting to the continued accuracy of the information. While there is no appeal process for providers denied affiliation for lack of business need, providers may reapply after 12 months.

Confidentiality

All information acquired through the credentialing/re-credentialing process is considered confidential. All individuals with file access are responsible for ensuring that information that is gathered, remains confidential except as otherwise provided by law or through contracts with DHFS and CMS. When a law enforcement agency or other government agency seeks provider credentials information, a Legal Department Representative will be consulted prior to release of any information.

Credentialing Delegation

PHP currently delegates all or part of the credentialing responsibilities to accredited credentialing agencies via Delegation Agreements. Verification of the delegated entities' activities is conducted on a regular, periodic basis but no less frequently than every three (3) years. PHP evaluates the entity's ability to perform activities prior to delegation, which includes a site visit of the delegated entity. PHP documents that it has approved the entity's policies and procedures with respect to the delegated function. It also verifies that the potential Plan Provider has devoted sufficient resources and appropriately qualified staff to performing the function.

The performance of the entity is monitored on an ongoing basis and formally reviewed by PHP at least annually in accordance with written procedures for monitoring and reviewing of delegated activities which comply with NCQA standards. The annual evaluation will be a comprehensive assessment of the delegate's performance, including both compliance with applicable standards and the extent to which the delegate's activities promote the organization's overall goals and objectives for the delegated function. If any problems or deficiencies are identified, the evaluation will specify any necessary review(s) and include procedure(s) for assuring that the review(s) is implemented. PHP ensures that monitoring of delegates is carried out by staff of the organization that is qualified to assess the delegate's activities.

All activities of credentialing and re-credentialing must comply with all applicable Medicare laws and regulations, CMS instructions and the requirements of the DHFS per current contract and protocol. In the event PHP delegates selection of practitioners and other Plan Providers to

another entity, PHP retains the right to approve, suspend or terminate any provider selected by that entity.

Credentialing Oversight

PHP is responsible for documentation of oversight of any credentialing and re-credentialing activities by any delegated entity. All initial credentialing and re-credentialing decisions are the responsibility of PHP's Peer Review Committee. PHP and/or its delegated credentialing entity are responsible for assessing facility credentials.

Primary Source Verification

PHP verifies all Plan Provider credentials in accordance with NCQA standards for primary source verification. Applicants must cooperate with PHP and/or its delegated credentialing entity in obtaining all documents requested to satisfy primary source requirements which include the following elements:

- Education, training and board certification (as applicable)
- State of Wisconsin license
- Verification of current DEA certificate
- HHS Office of Inspector General online database of excluded individuals and entities
- Criminal background check
- Hospital privileges, in good standing, at the designated primary admitting hospital via attestation on the application (if applicable)
- Sanctions by Medicare or Medicaid
- Sanctions or disciplinary actions on license
- History of malpractice claims or denial of professional liability
- Current, adequate malpractice insurance per Plan Provider agreement specifications via provider application or copy of malpractice fact sheet

Initial Site Visit

An applicant must allow PHP and/or its delegated credentialing entity to conduct an initial site visit to each new primary care provider's office site and provide advance notice of visits in doing so as to minimize office disruption. Applicants are required to cooperate with the site visit process which includes a review of medical record keeping practices. After the visit, PHP reports the results of the site visit and medical record keeping review to the practice. The report provides details on all areas in which the practice does not comply with PHP standards and indicates if a follow-up visit is necessary.

If a follow-up visit is required, it will be conducted within six (6) months to verify compliance with outstanding issues. PHP also monitors Member complaints that may trigger additional site visits.

Health Delivery Organizations Credentialing

PHP has policies and procedures for the initial approval and re-approval of facilities and organizations contracted to provide services to enrolled Members. All facilities are credentialed before services are provided to Members. All activities of credentialing and re-credentialing comply with all applicable Medicare laws and regulations, CMS instructions and the requirements of the DHFS per current contract and protocol.

PHP conducts credentialing of the following health delivery organizations to ensure they meet all requirements of Medicare and Medicaid:

- Ambulatory surgery centers
- Clinical laboratories
- Comprehensive outpatient rehabilitation facilities
- Home health agencies
- Hospices
- Hospitals
- Mental health facilities
- Outpatient physical therapy and speech pathology providers
- Portable x-ray suppliers
- Providers of end-stage renal disease
- Providers of outpatient diabetes self-management training
- Rural health clinics and federally qualified health centers
- Skilled nursing facilities

PHP requires the following to verify the health delivery organization meets the conditions to participate in its Provider Network:

- Legal name, address, facility type and contact person of the facility
- Documentation to support that the health delivery organization has a signed participation agreement with CMS or is certified by the Wisconsin Medical Assistance Program and proves it meets the conditions for coverage of their services
- Medicare and Medicaid provider numbers
- Documentation to support that the health delivery organization is licensed to operate in the state and is in compliance with any other applicable State or Federal requirements, except ASC's
- A copy of the facility's malpractice liability insurance declaration
- Documentation to support it is reviewed and approved by an appropriate accrediting body or meets any standards established by PHP

PHP obtains documentation on a regular, periodic basis but no less frequently than every three years and verifies the information by searching the State of Wisconsin's Department of Regulation and License and the HHS Office of Inspector General of excluded individuals and entities.

Verification of Credentials for Accredited Facilities

For accredited facilities, PHP and/or its delegated credentialing entity will verify that the facility has met all state and federal licensing and regulatory requirements and continues its accreditation status. PHP requires submission of the following items for the specific facility types noted below:

- Findings of the most recent surveys from CMS – Skilled Nursing Facilities
- Findings of the most recent surveys from CMS – Rehabilitation Centers

PHP conducts a review of the facility's Medicare and Medicaid sanction history and verifies continued adequate malpractice liability insurance coverage.

Verification of Credentials for Non-Accredited Facilities

If a facility is **not** accredited by a recognized accrediting body, PHP and/or its delegated credentialing entity requires submission of the findings of the most recent survey from CMS.

Provider Re-credentialing

PHP and/or its delegated credentialing entities re-credential Plan Providers using the process outlined below at least every three years. Any provider not re-credentialed within 36 months is considered noncompliant with the policy. Also, upon notification that a practice is opening a new site, PHP and/or its delegated credentialing entity will conduct a site visit to the new site where required information is gathered and verified as needed.

Re-credentialing Process

PHP and/or its delegated credentialing entity will send each Plan Provider a Credential Information Form requesting an update of professional information. Forms must contain all required information and be signed prior to returning to PHP. Incomplete forms will be returned to the Provider. The form includes a statement informing the Provider that the National Practitioner Data Bank (NPDB) and the relevant State Licensing Board will be queried as part of the re-credentialing process. The re-credentialing process will be completed within 90 days of the Provider's signature.

Performance Assessment

During the re-credentialing process, PHP assesses the Plan Provider performance through a review of relevant data obtained from quality improvement activities, utilization management, and Member and staff complaints. PHP also reviews admissions for sentinel diagnoses for primary care and behavioral health Provider re-credentialing.